

6

MIED (Rev.5/13) General Civil Complaint

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF MICHIGAN

Cayce Amber Carnill  
22902 DALE AVE  
EASTPOINT MI 48021  
Plaintiff(s),  
(William Beaumont Hospital  
Nidhi M. Shishu, MD  
Dr. Thomas Fennell, Pathologist)  
3601 W. 13 mile RD  
Royal Oak, MI 48073  
Defendant(s).

Case:2:15-cv-14460

Judge: Drain, Gershwin A.

MJ: Patti, Anthony P.

Filed: 12-24-2015 At 11:10 AM

IFP CARNILL V WILLIAM BEAUMONT HOSP  
ITAL, ET AL (bg)

Nidhi M. Shishu, MD  
Shenandoah Clinic  
909 W. Maple Road  
Suite 100  
Clawson, MI 48017

COMPLAINT

- I. Defendant(s). Print the full name for each defendant. If there are more defendants, use additional pages to provide their names.

Name of Defendant(s)

1. William Beaumont Hospital
2. Nidhi M. Shishu, MD
3. Dr. Thomas Fennell, Pathologist
4. also all health care professionals, entities and/or facilities, as well as any and all employees, agents or ostensible agents who were involved in the care and treatment of Cayce Amber Carnill.
- 5.

- II. Statement of claim. Briefly state the facts of your case. Describe how each defendant is involved, and exactly what each defendant did, or failed to do. Include names of any other persons involved, dates, and places. You may use additional paper if necessary.

I allege that William Beaumont Hospital were professionally negligent in my healthcare. Initially on Dec-26, 2013, Dr. Thomas Fennell did not proactively and preventatively administer adequate amounts of

Antibiotics to protect myself, an asplenic patient, ~~for~~ an invasive procedure (bone marrow biopsy) which resulted in sepsis and organ failure.

Secondly, from Jan 10 - Jan 17 2014, William Beaumont Hospital, Dr. Nidhi Shishu, MD, and the nursing staff failed to monitor my blood pressure and prevent the development of Posterior Reversible Encephalopathy Syndrome (PRES), and timely treat same, which lead to my being totally blind.

\*Other actions in Avoidance of Professional Negligence as of yet to be determined.

III. Relief. Briefly state exactly what you want the court to do for you.

I humbly request the mercy and benevolence of the court to allow me the opportunity to present my case to seek relief from damages I've incurred: ① Total loss of vision  
② Loss of employment ③ Loss of Independence  
④ Emotional and psychological suffering.


MIED (Rev.5/13) General Civil Complaint

IV. Additional Information. – Briefly enter any additional information, you may use additional paper.

I am filing this complaint in pro se, to meet the statute of limitations for Michigan's Medical Malpractice. I am currently seeking legal counsel to represent me. Adapting to being totally blind and having multiple health issues I have been limited in my ability to proceed with this pursuit. I respectfully request a Jury Trial.

V. Demand for Jury Trial. Check this box if you want your case to be decided by a jury, instead of a judge.☒ Plaintiff demands a jury trial on all issues.

Dated:

12/24/2015  
Plaintiff's SignatureCayce Amber Carnill  
Plaintiff's Printed Name22902 Dale Ave  
Street AddressEastpointe, MI 48021  
City, State, Zip Code586 219-3353  
Telephone Numbercayceamber@hotmail.com  
E-mail Address

JS 44 (Rev. 12/12)

## CIVIL COVER SHEET

County in which action arose Oakland

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

I. (a) PLAINTIFFS Cayce Amber CarnillDEFENDANTS William Beaumont Hospital  
Nidhi M. Shishu, MD  
Dr. Thomas Fennel, Pathologist(b) County of Residence of First Listed Plaintiff Alameda  
(EXCEPT IN U.S. PLAINTIFF CASES)County of Residence of First Listed Defendant Oakland  
(IN U.S. PLAINTIFF CASES ONLY)

(c) Attorneys (Firm Name, Address, and Telephone Number)

Attorneys (

Case: 2:15-cv-14460  
Judge: Drain, Gershwin A  
MJ: Patti, Anthony P  
Filed: 12-24-2015 At 11 10 AM  
IFP CARNILL V WILLIAM BEAUMONT HOSP  
ITAL, ET AL (bg)

## II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- ☐ 1 U.S. Government Plaintiff
- ☒ 3 Federal Question (U.S. Government Not a Party)
- ☐ 2 U.S. Government Defendant
- ☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

## III. CITIZENSHIP

(For Diversity Cases)

- Citizen of This State
- Citizen of Another State
- Citizen or Subject of a Foreign Country

- PTF DEF
- ☐ 1 ☐ 1 Incorporated or Principal Place of Business in This State
- ☐ 2 ☐ 2 Incorporated and Principal Place of Business in Another State
- ☐ 3 ☐ 3 Foreign Nation
- PTF DEF
- ☐ 4 ☐ 4
- ☐ 5 ☐ 5
- ☐ 6 ☐ 6

## IV. NATURE OF SUIT (Place an "X" in One Box Only)

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES	
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	<b>PERSONAL INJURY</b> <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input checked="" type="checkbox"/> 362 Personal Injury - Medical Malpractice	<input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability <b>PERSONAL PROPERTY</b> <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other <b>LABOR</b> <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Management Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Employee Retirement Income Security Act <b>IMMIGRATION</b> <input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 465 Other Immigration Actions	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 <b>PROPERTY RIGHTS</b> <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark <b>SOCIAL SECURITY</b> <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g)) <b>FEDERAL TAX SUITS</b> <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609	<input type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 896 Arbitration <input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision <input type="checkbox"/> 950 Constitutionality of State Statutes
<b>REAL PROPERTY</b> <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	<b>CIVIL RIGHTS</b> <input type="checkbox"/> 440 Other Civil Rights <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 445 Amer w/Disabilities - Employment <input type="checkbox"/> 446 Amer w/Disabilities - Other <input type="checkbox"/> 448 Education	<b>PRISONER PETITIONS</b> <b>Habeas Corpus:</b> <input type="checkbox"/> 463 Alien Detainee <input type="checkbox"/> 510 Motions to Vacate Sentence <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty <b>Other:</b> <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition <input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement			

## V. ORIGIN (Place an "X" in One Box Only)

- ☒ 1 Original Proceeding
- ☐ 2 Removed from State Court
- ☐ 3 Remanded from Appellate Court
- ☐ 4 Reinstated or Reopened
- ☐ 5 Transferred from Another District (specify)
- ☐ 6 Multidistrict Litigation

## VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity)

Brief description of cause:

Medical malpractice

## VII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.

DEMAND \$

CHECK YES only if demanded in complaint:

JURY DEMAND: ☒ Yes ☐ No

## VIII. RELATED CASE(S) IF ANY

(See instructions):

JUDGE

DOCKET NUMBER

DATE

SIGNATURE OF ATTORNEY OF RECORD

FOR OFFICE USE ONLY

RECEIPT #

AMOUNT

APPLYING IFP

JUDGE

MAG. JUDGE

PURSUANT TO LOCAL RULE 83.11

1. Is this a case that has been previously dismissed?

☐ Yes  
☒ No

If yes, give the following information:

Court: \_\_\_\_\_

Case No.: \_\_\_\_\_

Judge: \_\_\_\_\_

2. Other than stated above, are there any pending or previously discontinued or dismissed companion cases in this or any other court, including state court? (Companion cases are matters in which it appears substantially similar evidence will be offered or the same or related parties are present and the cases arise out of the same transaction or occurrence.)

☐ Yes  
☒ No

If yes, give the following information:

Court: \_\_\_\_\_

Case No.: \_\_\_\_\_

Judge: \_\_\_\_\_

Notes :

---

---

## New LawsUIT Check List

Instructions: Put a check mark in the box next to each appropriate entry to be sure you have all the required documents.

<input checked="" type="checkbox"/>	Two (2) completed Civil Cover Sheets.			
<input checked="" type="checkbox"/>	<p>Enter the number of defendants named in your lawsuit in the blank below, add 2 and then enter the total in the blank.</p> <p style="font-size: 1.2em;"> <math>\underline{3} + 2 = \underline{5}</math> </p> <p style="font-size: 0.8em;"> <span style="margin-right: 100px;"># of Defendants</span> <span>Total</span> </p> <p>Complaints.</p> <p>Received by Clerk: <u>  <i>MS</i>  </u> Addresses are complete: _____</p>	<p>Case: 2:15-cv-14460            Judge: Drain, Gershwin A.            MJ: Patti, Anthony P.            Filed: 12-24-2015 At 11:10 AM            IFP CARNILL V WILLIAM BEAUMONT HOSP            ITAL, ET AL (bg)</p>		
<input type="checkbox"/>	<p>If any of your defendants are <b>government agencies</b>:            Provide two (2) extra copies of the <b>complaint</b> for the U.S. Attorney and the Attorney General.</p>			
<b>If Paying The Filing Fee:</b>		<b>If Asking That The Filing Fee Be Waived:</b>		
<input type="checkbox"/>	<p>Current new civil action filing fee is attached.</p> <p>Fees may be paid by check or money order made out to:</p> <p style="text-align: center;"><i>Clerk, U.S. District Court</i></p> <p>Received by Clerk: _____ Receipt #: _____</p>	<td style="text-align: center;"><input checked="" type="checkbox"/></td> <td> <p>Two (2) completed <b>Application to Proceed in District Court without Prepaying Fees or Costs</b> forms.</p> <p>Received by Clerk: <u>  <i>MS</i>  </u></p> </td>	<input checked="" type="checkbox"/>	<p>Two (2) completed <b>Application to Proceed in District Court without Prepaying Fees or Costs</b> forms.</p> <p>Received by Clerk: <u>  <i>MS</i>  </u></p>
<b>Select the Method of Service you will employ to notify your defendants:</b>				
<b>Service via Summons by Self</b>	<b>Service by U.S. Marshal</b> (Only available if fee is waived)	<b>Service via Waiver of Summons</b> (U.S. Government cannot be a defendant)		
<input type="checkbox"/> Two (2) completed <b>summonses</b> for each defendant including each defendant's name and address.          Received by Clerk: _____	<input type="checkbox"/> Two (2) completed <b>USM – 285 Forms</b> per defendant, if you are requesting the U.S. Marshal conduct service of your complaint.   <input type="checkbox"/> Two (2) completed <b>Request for Service by U.S. Marshal</b> form.   Received by Clerk: _____	<input checked="" type="checkbox"/> You need not submit any forms regarding the Waiver of Summons to the Clerk.  <u>Once your case has been filed, or the Application to Proceed without Prepaying Fees and Costs has been granted, you will need:</u> <ul style="list-style-type: none"> <li>One (1) <b>Notice of a Lawsuit and Request to Waive Service of a Summons</b> form per defendant.</li> <li>Two (2) <b>Waiver of the Service of Summons</b> forms per defendant.</li> </ul> <p>Send these forms along with your filed complaint and a self-addressed stamped envelope to each of your defendants.</p>		
Clerk's Office Use Only				
Note any deficiencies here:				